



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 /11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full name of committee (as on Statement of Organization) ☐ Check if this is a new name

GARRETSON FOR COUNCIL

2. Acronym or abbreviated name, if any

3. Committee telephone number

(317) 844-4693

4. Mailing address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

255 E. CARMEL DR

5. City, state, ZIP code

CARMEL IN 46032

6. Party affiliation (if applicable)

REPUBLICAN

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full name of candidate (include any nickname)

JAMES (JIM) D GARRETSON

8. Party affiliation or if independent

REPUBLICAN

9. Office sought (Include district number, if any. Not required for exploratory committee.)

CARMEL CITY COUNCIL

10. County of residence

HAMILTON

TYPE OF REPORT

11. Check one:

☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Final / Disbands Committee (lines 18, 19, and 20 must be "0")
☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention
☐ Post-Convention

12. Reporting period:

From: **APRIL 18, 2003** Through: **12/31/03**

COLUMN A
This Period

COLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

2228

14. Cash on hand and investments January 1, current year.

527

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

800

800

15b. Unitemized

465

465

15c. Add lines 15a, and 15b in both columns

1265

1265

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

SUBTOTAL
TOTAL

3493

1792

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

3565.40

3565.40

17b. Unitemized

—

—

17c. Add lines 17a and 17b in both columns

SUBTOTAL

3565.40

3565.40

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL

—

19. Debts OWED BY the committee (use Schedule D)

—

20. Debts OWED TO the committee (use Schedule E)

—

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE

Signature on File

FOR OFFICE USE ONLY

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

CLERK, HAMILTON COUNTY COURTS

James D. Davis

2004 JAN 12 PM 3:37

FILED



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4806 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly in black ink all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page _____ of _____

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. HOME PAC PO Box 44670 Indpls, IN 46244 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____	500	500	4/23/03 Committee
2. C William Wright 474 GRAPPLE DR CARMEL, IN 46032 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____	300	300	4/23/03 Committee
3. _____ Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____			
4. _____ Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____			
5. _____ Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____			
SUB TOTAL THIS PAGE OF SCHEDULE A		\$		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		



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(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

Page _____ of _____

PUBLIC QUESTION INFORMATION

Enter Text of Public Question

Type of Question: ☐ Statewide ☐ Local
Position: ☐ Supported ☐ Opposed

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
JAMES D GARNETSON 55 YONIC DR CARMEL, IN 46032	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind	Reimbursement FOR YARD SIGNS	737. ⁵⁰	737. ⁵⁰	4/24/03
Ogle Design 1251E N Garry Rd Carmel, IN 46033	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind	Printing, Graphics supplies, Letters CARDS, Flyers Brochures	2405	2405	4/25/03
COOTS, Hance & Wheeler 255 E Carmel Dr Carmel, IN 46033	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind	Postage	148. ⁰⁰	148. ⁰⁰	148.⁰⁰ 5/9/03
Carmel Postmaster Carmel, IN	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind	Postage	74. ⁰⁰	74. ⁰⁰	6/2/05
Ogle for Treas	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind	CAMPAIGN CONTRIBUTION	200	200	8/15/03
	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind				

SUB TOTAL THIS PAGE OF SCHEDULE C

\$ 3565.⁴⁰

TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY
(Enter total on ITEM 17a of the Summary Sheet)

\$ 3565.⁴⁰